

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003768

**Entity Name:** LIFE TECHNOLOGIES CLINICAL SERVICES LAB, INC.

**Current Principal Place of Business:**

168 THIRD AVENUE  
WALTHAM, MA 02451

**Current Mailing Address:**

168 THIRD AVENUE  
WALTHAM, MA 02451 US

**FEI Number: 20-8068978**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: JASON FISCHER**

**04/21/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, CFO  
Name           SMITH, ANTHONY H  
Address        168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title           SECRETARY  
Name           MACLEOD, GENOFFIR M  
Address        5781 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title           ASSISTANT TREASURER  
Name           SPELLMAN, MAURA A  
Address        168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title           PRESIDENT, DIRECTOR  
Name           HOOGASIAN, SETH H  
Address        168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title           ASSISTANT SECRETARY  
Name           BRIANSKY, SHARON S  
Address        168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

Title           ASSISTANT TREASURER  
Name           BRUNI, JAMES E  
Address        300 INDUSTRY DRIVE  
City-State-Zip: PITTSBURGH PA 15275

Title           ASSISTANT SECRETARY  
Name           MICHAUD, MICHAEL K  
Address        168 THIRD AVENUE  
City-State-Zip: WALTHAM MA 02451

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES E BRUNI**

**ASSISTANT TREASURER   04/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date